

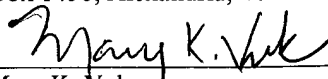


PATENT

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Date of Signature and Deposit: October 25, 2006,


Mary K. Vuk

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): John J. Hahn, et al.
Serial No.: 10/621,830
Filed: July 17, 2003
For: Grip Cap
Examiner: Niki Marina Eloshway
Art Unit: 3727
Docket No.: 1513.016

REVISED AMENDMENT FOR RCE

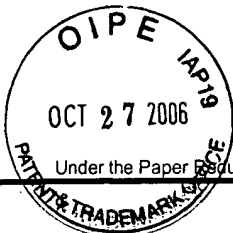
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of September 25, 2006, please amend the application as follows:

Amendments to the claims begin on page 2 of this communication; and

Remarks in support of patentability begin on page 5 of this communication.



IFW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/621,830
		Filing Date	July 17, 2003
		First Named Inventor	John J. Hahn
		Art Unit	3727
		Examiner Name	Niki Marina Eloshway
Total Number of Pages in This Submission	8	Attorney Docket Number	1513.016

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Boyle Fredrickson Newholm Stein & Gratz S.C.	
Signature		
Printed name	Mary K. Vuk	
Date	October 25, 2006	Reg. No. 31,233

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Typed or printed name	Mary K. Vuk
Date	October 25, 2006

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